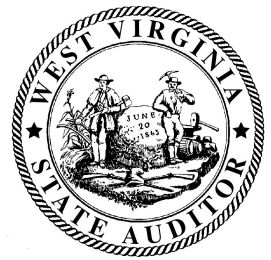


State of West Virginia Purchasing Card Vendor Complaint Form



Please print or type

AGENCY INFORMATION	
Cardholder Name	Agency
Mailing Address	Work Phone Number and Extension
Email Address	Account Number
VENDOR INFORMATION	
Vendor Name	Vendor Address
Vendor Phone Number	Cardholder Signature and Date

Nature of Complaint (be specific) *If additional space is required, please use back of form.*

RETURN VENDOR COMPLAINT FORM TO:

**West Virginia State Auditor's Office
Purchasing Card Program
Building 1, Room WB-1A
Charleston, West Virginia 25305**